FILED JUL 8	- 1955	THE DIVISION OF HEASTANDARD CERTIF	ICATE OF DE	ATH	State File No	18922 2547	
I PLACE OF DEA		REG. DIST. NO	PRIMARY REG. DIST.			titution: residence be	
i,	ackson				COUNTY	Jackson	
b. CITY (If outside cor OR TOWN Kans	porate limits, write RI	URAL and give c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Kan	dence within limits of or incorporated town?			
d. FULL NAME OF (I HOSPITAL OR INSTITUTION	not in hospital or in 3141 Sun		iu i	11 Summit	n) 	3472	
DECEASED (Type or Print)	a. (First) LOUIE	b. (Middle) A •	c. (Last) RIEDL	4. DATE OF DEATH	6	(Day) (Year) 13 55	
5, SEX D 6. 0	OLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-24-1908	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	In years if UNDER thday) Months	Days Hours M	
10a. USUAL OCCUPATION Shipping CI		Who.Florist	11. BIRTHPLACE (City and State or Foreign Country)  Kansas Gity, Mo.			12. CITIZEN OF WH.	
13a. FATHER'S NAME Louie Ried	11	Wilhemina G	racheck	sband or wif M. Ried.	<u> </u>		
15. WAS DECEASED EVER	R IN U.S. ARMED F	ORCES? 16. SOCIAL SECURITY 496-07-8537	Mrs.Olive			ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEADS		rec- K	ing.		INTERVAL BETWE ONSET AND DEAT	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis-							
ease, injury, or complica- tion which caused death.	Canditions contrib	FICANT CONDITIONS nating to the death but not se or condition causing death.		1634			
19a. DATE OF OPERA- TION		DINGS OF OPERATION				20, AUTOPSY?	
21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OF	TOWNSHIP)	(COUNTY)	(STATE)	
21d. TIME (Month) OF INJURY	(Day) (Year) (	Eour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJUR				
22. I hereby certify t	hat I attended t	he deceased from OCT, and that death occurred at	, 19_57, lo _\$4 4:05_Pm., from	the causes and on	以为, that I last the date state	st saw the decea d above.	
23a. SIGNATURE	Wm. R. Jac	ckson (Degree or title)	236. ADDRESS	gant Bl	de .	6-14-5	
24a. BURIAL, CREMA TION REMOVAL (Speedby BUT18 I	8-16-5	24c. NAME OF CEMETER 5 Mt. St. Ma	ry's	Kansas	City	oty) (State) Mo•	
DATE REC'D BY LOCAL REG	REGISTRAR'S S		25. FUNERAL DIRE		Nome 7	r 6 mo	

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body	whose name	is recorded	on the	reverse	side	of this	certificate	was	em
by me, or by					., Stu	ident E	mbalmer N	o	

Student.....

working under my personal supervision..

Signature of Student Embalmer

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa

to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.